OMB# 0925-0753
Expiration Date 07/31/2021

Filling out PDF Forms

This PDF form contains "**roll-over** or **double-click "** help functionality.

This form allows you to enter data directly onto the screen. After completing the form, you are able to print the document so that you can fax/mail the document.

To fill out a form:

1. Select the hand tool.
2. Position the pointer inside a field, and click to type text.
3. After entering text or selecting a check box, do one of the following:

   - Press tab to accept the form field change and go to the next form field.

   - Press Shift+Tab to accept the form field change and go to the previous form field.

   - Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.

4. Once completed, print the form.

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Cancer Trials Support Unit

Site Addition Form

(Utilized for the addition of a site to an existing IRB approval)

~~***Email, Mail or F***~~
~~Cancer Trials Support U~~
~~ATTN: Coalition of Cancer Coope~~
~~Suite1100~~
~~1818 Market Street~~
~~Philadelphia, PA 19103~~ ~~FAX: 1-215- 569 - 0206~~
~~CTSURegulatory@ctsu.coccg.org~~

Submit to the CTSU Regulatory Office via the Regulatory Submission Portal: www.ctsu.org.

This form can be utilized when an IRB has added an additional site to an **existing** IRB approval.

- This form can be submitted in lieu of an IRB approval letter if signed by an IRB signatory.
- If not signed by an IRB signatory, an IRB approval letter must accompany this form.
- If the approval applies to multiple protocols, attach a supplemental list of protocols to this form.

1) Protocol #:	2) Protocol Title: (*Shortened version acceptable)*	
3a) **Parent** Institution Name (*List the name of the parent institution who has the current IRB approval):*	3b) **Parent** Institution NCI Code *(ALXXX):*	3c) ~~**Parent** Institution FWA Assurance Number:~~
4a) **New** Institution Name(s) (*List the names of the new institutions being added to the parent institution's approval)*	4b) **New** Institution NCI Code *(ALXXX)*	4c) ~~**New** Institution FWA Assurance Number:~~
5) Principal Investigator:	6) NCI Investigator #:	

This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations or subparts:

7) Approval Type:	8) Review Type:
Initial or Renewal ☐ Amendment ☐	Full Board ☐ Expedited ☐
9) Date of IRB or Designee Review in box 7: / / m m d d y y y y	10) OHRP IRB Registration Number: IRB

11) Comments:

The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed & certification will be provided. Questions #1 through #17 must be completed for this form to be accepted.
Check here if the person signing this form is an IRB signatory as documented on the institutional assurance with OHRP. ☐

12) Name of IRB Signatory:	13) Name of approving IRB:
14) Title of IRB Signatory:	15) Phone (_____) |_____| - |_____|
16) Signature:	17) Date: _____/_____/_____ m m d d y y y y